Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2758AGZ	A. BUILDING _____ B. WING _____	C 12/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT SPRING VALLEY	8880 W TROPICANA AVE LAS VEGAS, NV 89147

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 11/18/10 to 12/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 52 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 37. Complaint #NV00026950 The allegation regarding quality of care and resident safety was substantiated. See Tag Y515 and Y853.	Y 000		
Y 515 SS=D	449.259(1)(a) Supervision of Residents NAC 449.259 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary. This Regulation is not met as evidenced by: Based on interviews on from 11/18/10 to 12/2/10, the facility failed to ensure 2 of 37 residents were provided protective supervision as necessary (Resident #1 and #2).	Y 515		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 515	Continued From page 1 Severity: 2 Scope: 1	Y 515		
Y 853 SS=C	449.274(3)(a) Medical Care / Records NAC 449.274 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. the record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered. This record must accompany the resident if he is transferred to another facility. This Regulation is not met as evidenced by: Based on interviews from 11/18/10 to 12/2/10, the facility failed to keep a written record or incident report regarding one resident defacing another resident's room (Resident #1). Severity: 1 Scope: 3	Y 853		